FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L68763** **(6)**

1. Corporation Name

SOUTH MIAMI SECURITY SYSTEMS, INC.

Principal Place of Business	Mailing Address
9030 SW 21 ST MIAMI FL 33165	9030 SW 21 ST MIAMI FL 33165

2. Principal Place of Business 21 12539 N.W. 7 LN. Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL. Zip 24 33182 Country 25 DADE	2a. Mailing Address 26 12539 N.W. 7 LN. Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL. Zip 29 33182 Country 30 DADE

3. Date Incorporated or Qualified 04/30/1990	3a. Date of Last Report 06/01/1995
4. FEI Number 65-0195086	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

PACKER, HOWARD, ESQUIRE
3971 SW 8TH ST
STE 209
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: ALEJANDRO BAEZ
82 Street Address (P.O. Box Number is Not Acceptable): 12539 N.W. 7 LN.
83
84 City: MIAMI FL 85 Zip Code: 33182

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X 4/18/96
Signature of New Registered Agent (Required) Date

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	BAEZ, ALEJANDRO	
STREET ADDRESS	9030 SW 21 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	☐ DELETE
NAME	BAEZ, ALEJANDRO	
STREET ADDRESS	9030 SW 21 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	☐ DELETE
NAME	BAEZ, JORJE	
STREET ADDRESS	9030 SW 21 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	12539 N.W. 7 LN.	
1.4 CITY-ST-ZIP	MIAMI, FL. 33182	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	12539 N.W. 7 LN.	
2.4 CITY-ST-ZIP	MIAMI, FL. 33182	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	12539 N.W. 7 LN.	
3.4 CITY-ST-ZIP	MIAMI, FL. 33182	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: P 4/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)

0182088 CP